

FILED

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF TENNESSEE
DIVISION

2014 JAN 22 PM 2:21

U.S. DISTRICT COURT
MIDDLE DISTRICT OF TN

Wanda E Brooks for
Jesse W Brooks estate
Wanda E Brooks
Name of Plaintiff(s)

v.

Case No. _____
(To be assigned by Clerk)

United States
VA Administration

Name of Defendant(s)

COMPLAINT

1. State the grounds for filing this case in Federal Court (include federal statutes and/or U. S. Constitutional provisions, if you know them):

Federal Tort Claims Act section 1346(b) and
2471-2480 Title 28, United States Code

2. Plaintiff, Wanda E Brooks resides at

2209 Abbott Martin Rd. apt 2-11, Nashville,
Street address City

Daviess, In., 37215, 298-2966,
County State Zip Code Telephone Number

(If more than one plaintiff, provide the same information for each plaintiff below.)

The estate of Jesse W Brooks deceased
2209 Abbott Martin Rd apt 2-11, Nash, In 37215

3. Defendant, United States - Veterans Administration resides at

1310 24th Ave So. Nashville
Street address City

Darwinson In. 37212 615-327-4751
County State Zip Code Telephone Number

(If more than one defendant, provide the same information for each defendant below.)

4. Statement of claim. (State as briefly as possible, the facts of your case. Describe how each Defendant is involved. Include also the names of other persons involved, dates, and places. Be as specific as possible. You may use additional paper if necessary. Attach any documentation or exhibits in support of the complaint):

My Husband Had 4th Stage Cancer, it wasn't found
til he was almost dead, he was to weak and it had met
to his brain. They found it in Feb. 2011, Mr Brooks
died May 5th 2011, when they finally did an x ray
it was to late for treatment, the P.A. Barbara
Altheit said, "all old people have glem in the
back of their throat, he used cough drops, muciner
with plenty of water. The pain was really bad.
This made his mental health and other
medical problems worse. My health has also
gone down.

5. Prayers for Relief (List what you want to Court to do):

- a. I pray for the court to order the VA to pay for the wrongful death of my husband.
- b. The pain and suffering for the both of us, the sum of \$300,000.⁰⁰ for relief of debt and my medical needs.
- c. For the court to know that I'm not an atty. Federal or Civil.

d.

I (We) hereby certify under penalty of perjury that the above Petition is true to the best of my (our) information, knowledge, and belief.

Signed this 22 day of January, 20 17.

Wanda E Brooks
estate of Jesse W Brooks

(Signature of Plaintiff(s))

STATE OF TENNESSEE Office of Vital Records

0102503

AMENDED BY AFFIDAVIT OF FUNERAL DIRECTOR 6/6/2011 J/T
TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

2011 019548

TYPE PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

1. DECEDENT'S NAME (First, Middle, Last) Jesse Wayne Brooks		2. SEX Male		3. DATE OF DEATH (Month, Day, Year) May 05, 2011	
4. SOCIAL SECURITY NUMBER 410-34-9652		5a. AGE LAST BIRTHDAY (Years) 82		6. DATE OF BIRTH (Month, Day, Year) Dec. 29, 1928	
7. BIRTHPLACE (City and State or Foreign Country) Nashville, Tennessee		8. PLACE OF DEATH (City and State or Foreign Country) Nashville, Tennessee			
9. DECEASED AT HOME <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		10. FACILITY NAME (If not known, give Street and Number) Alive Hospice		11. CITY, TOWN, OR LOCATION OF DEATH Nashville	
12. MARITAL STATUS (If widowed, give name of deceased) Married		13. SURVIVING SPOUSE (If wife, give maiden name) Wanda Higdon		14. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life (Do not use retired)) Instructor	
15. RESIDENCE STATE Tennessee		16. COUNTY Davidson		17. CITY, TOWN OR LOCATION Nashville	
18. STREET AND NUMBER OF RESIDENCE 4809 Hickory Way		19. DECEASED'S EDUCATION (Specify only highest grade completed) College (1-4 or 5+)			
20. FATHER'S NAME (First, Middle, Last) J.R. Brooks		21. MOTHER'S NAME (First, Middle, Last) Frances Park			
22. INFORMANT'S NAME (Type/print) Wanda E. Brooks		23. RELATIONSHIP TO DECEASED Wife			
24. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State		25. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Tennessee State Veterans Cemetery			
26. SIGNATURE OF FUNERAL DIRECTOR Robert E. Fuqua		27. LICENSE NUMBER OF FUNERAL DIRECTOR 6060		28. SIGNATURE OF EMBALMER Jeff Plunk	
29. LICENSE NUMBER OF EMBALMER 4353		30. NAME AND ADDRESS OF FUNERAL HOME Woodlawn-Roesch-Patton Funeral Home and Memorial Park 660 Thompson Lane, Nashville, TN 37204			
31. REGISTRAR'S SIGNATURE [Signature]		32. DATE FILED (Month, Day, Year) May 16, 2011			
33. SIGNATURE AND TITLE OF PHYSICIAN [Signature]		34. DATE SIGNED (Month, Day, Year) 5/6/11			
35. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the date and place, and due to the cause(s) and manner as stated. <input checked="" type="checkbox"/> Signature and Title of Medical Examiner		36. DATE SIGNED (Month, Day, Year) 5/6/11			
37. NAME AND ADDRESS OF CERTIFIER (Physician or Medical Examiner) (Type/print) Sharon Green M.D. 1718 Patterson St. Nash. Tn 37203					
38. PART I: State the disease, injury, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. lung cancer b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): d. DUE TO (OR AS A CONSEQUENCE OF):					
39. PART II: Other significant conditions contributing to death but not resulting in the underlying cause given in Part I metastases to brain					
40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Poisoning <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		41. DATE OF INJURY (Month, Day, Year)		42. TIME OF INJURY 1 <input type="checkbox"/> Yes <input type="checkbox"/> No	
43. PLACE OF INJURY (Home, farm, street, factory, office, building, etc. Specify)		44. LOCATION (Street and Number or Rural Route Number, City or Town, State)			

PH-1028 (REV. 6/99)

* 13c.d.f
AC

BRTHNO

RDA 1353

I hereby certify the above to be a true and correct copy of the original document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Department of Health. Alteration or erasure voids this certification.
Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

4621073

[Signature]
Teresa S. Hendricks
STATE REGISTRAR

[Signature]
Tonya Y. Forman, Local Registrar
Davidson County, Tennessee

6/20/2011
Date Issued

